

Name in Full

Certificate of Death

Lucy Taylor

Town

Marlboro

County

Pr. Geo.

MARYLAND

Died at

Date 189

Month

Day

Y.

M. D.

Native of

Occupation

1 23' Age 102

Md

Servant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death { Primary Old age

How long sick Not known

Death { Immediate

Accident, Suicide, Homicide

Reported by

Scott Armstrong. Had no Dr.

Address

Forestville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65088

Attended by Dr. _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Elizabeth Thomas

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

March 28

Age

m 21

wash woman

☒ Male☒ White☒ Married☒ Widow☐ Divorced☐ Female☐ Colored☐ Single☒ Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Unknown

Unknown

Cause of

Primary

Bronchitis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Edwin E. Jones

Address

Washington m 21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

2



Name in Full

Certificate of Death

Eugene Thomas

Town

County

Died at Mt. Washington

Balt-

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	12	9		5		Maryland	none
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widow		Number of children living	

Husband of X

Father's Name Samuel Thomas

Mother's Name Emma Thomas

Cause of Primary Bronchitis, 69

How long sick 3 weeks

Death Immediate Strangulation

~~Accident, Suicide, Homicide~~

Reported by Morris Shanks Esq.

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

12

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full1918
7 22TO BE ANSWERED BY
NEAREST FRIEND

Daniel Ridout Thompson

CERTIFICATE OF DEATH

Died at *Hugoburn* TownCounty *Washington*

MARYLAND

Date *1887*
of death *19*

Month

July

Day

*2*Age *39* Years

Months

6

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*Fredrick C Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*David Thompson*Father's
Birthplace*unknown*Mother's
Maiden Name*Rachel Thompson*Mother's
Birthplace*unknown*Name of person giving
In formation*Samuel Oxie*How related
to deceased*Nephew*

CAUSES OF DEATH

Primary

dropsy

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?

Ch 312 - 1898

Name in Full

Harry W. Tiller

Town

Roberts

County

2nd A. Co

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

4 5

Age

3

MD

Waler

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wesley Tiller

Mother's

Name

Sarah Tiller

Cause of

Primary

42

How long sick

2 weeks

Death

Immediate

congestion of Brain

Accident, Suicide, Homicide

Reported by

Dr. W. B. Abraham M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

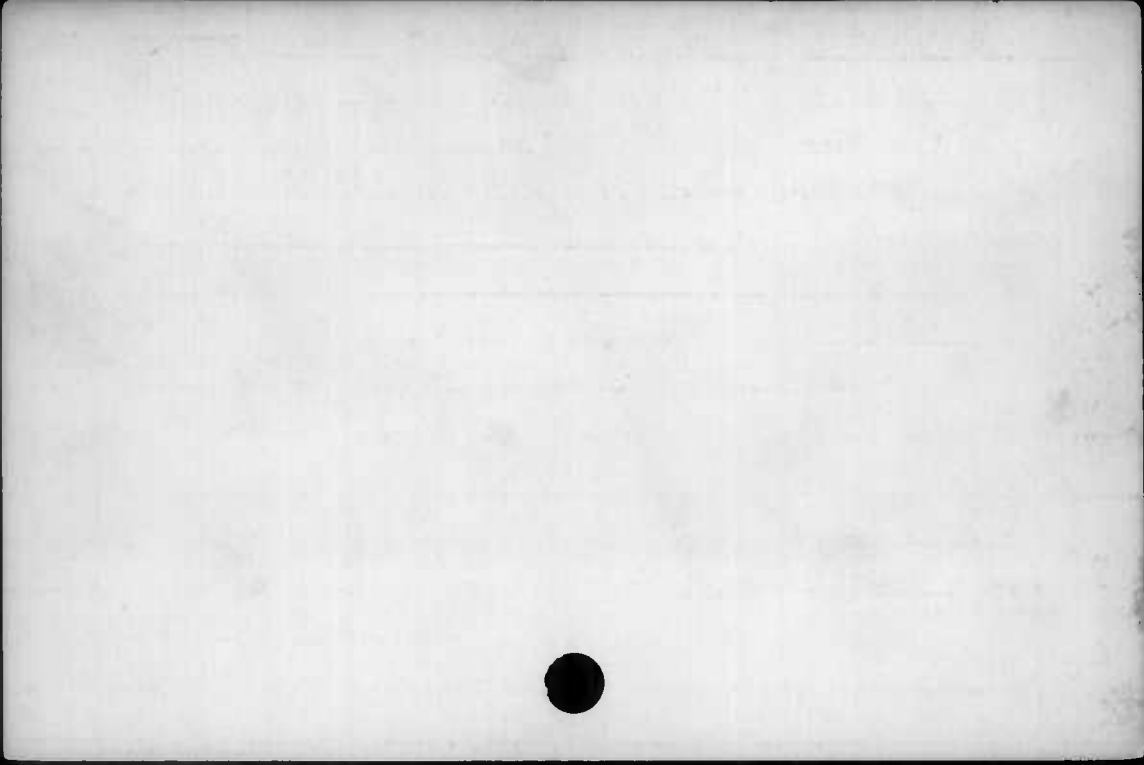
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1898</i>	Month <i>Feb.</i>	Day <i>15</i>	Age <i>Child</i>	Years	Months	Days	
Sex <i>2</i>	Color or Race <i>White</i>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband					
Father's Name <i>J. E. Trout</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>J. E. Trout</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Francis W. Wainwright</i>
	Address <i>Heart Office</i>
<i>No previous record</i> Accident or Suicide? <i>F. E. T.</i>	<i>Cumberland Md</i>



Name in Full *Michael David Trout*
 Died at *his home near Norris Side* *Storford Co* *MARYLAND*
 Date 19 *Aug-10-2* *PM* *Y. M. D.* *Native of* *Occupation*
Male *Male* *White* *White* *Married* *Yes* *Widow* *Divorced* *no*
Female *Colored* *Single* *Widower* *Number of children living* *fourteen (14)*
 Husband of *Ann Bernina Trout*
 Wife *Adam Henry Trout*
 Father's Name *Adam Henry Trout* Mother's Maiden Name *Maria Barbara Feigler*
 Cause of Death { Primary *Cancer of Liver* *40* How long sick *Five weeks* *months*
 Immediate *Heart failure* *2 1/2* Accident, Suicide, Homicide
 Reported by *John R. Martin M.D.*
 Address *Stewartstown* *York Co. Penna*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

